Health Advisory:

Prevention of Infectious Diseases in Community Shelters Housing Hurricane-Displaced Persons

September 6, 2005

This document will be updated as new information becomes available. The current version can always be viewed at http://www.dhss.mo.gov

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Health Alerts convey information of the highest level of importance which warrants immediate action or attention from Missouri health providers, emergency responders, public health agencies, and/or the public.

Health Advisories provide important information for a specific incident or situation, including that impacting neighboring states; may not require immediate action.

Health Guidances contain comprehensive information pertaining to a particular disease or condition, and include recommendations, guidelines, etc. endorsed by DHSS.

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Health Advisory
September 6, 2005

FROM: **JULIA M. ECKSTEIN**
DIRECTOR

SUBJECT: **Prevention of Infectious Diseases in Community Shelters Housing Hurricane-Displaced Persons**

In the aftermath of Hurricane Katrina, thousands of persons have become displaced from their homes. Sizeable numbers of these individuals will be coming to Missouri, and many will be placed in community shelters.

One of the concerns in this situation is the development of disease. To date, the conditions being seen most commonly in persons displaced by the hurricane are: 1) skin rashes, 2) diarrhea, 3) depression, 4) anxiety, and 5) wounds. A small number of pertussis cases have been identified. Another disease of potential concern is tuberculosis. Note that because cholera and typhoid are not commonly found in the U.S. Gulf States, it is very unlikely that they would occur after Hurricane Katrina.

The Missouri Department of Health and Senior Services (DHSS) strongly recommends that all shelters work closely with their local public health agency (LPHA). (A directory of Missouri LPHAs is available at http://www.dhss.mo.gov/LPHA/LPHAs.html.) Shelter staff should immediately report the occurrence of illness among residents to the LPHA, or to DHSS at 800-392-0272. LPHAs should conduct active disease surveillance and environmental monitoring of the shelter. For further technical assistance, please contact the Division of Community and Public Health at 866/628-9891 or 800/392-0272 (24/7).

All community shelters should have the ability to assess residents for medical and mental health conditions. Appendix A contains a health assessment form that should be used as part of the initial assessment process for persons coming into a shelter. (In the near future, the questions contained in this form will be incorporated into a web-based evaluation instrument that can be used for all displaced persons entering shelters.) All shelters should also have the ability to refer, as needed, persons to medical or mental health providers/facilities for further evaluation/treatment.

The Centers for Disease Control and Prevention (CDC) has published basic guidelines for prevention of infectious diseases in community shelters. These guidelines are provided in Appendix B. These guidelines should be followed in all community shelters housing displaced persons.

The CDC guidelines emphasize that persons living in group situations can spread infections such as colds and skin infections, as well as other infections through diarrhea and vomiting. CDC states that upon arrival at a shelter, all residents should be screened for the following conditions, and those found to have any of these conditions should be referred for medical evaluation.

- Fever
- Cough
- Skin rash
- Open sore(s)
- Vomiting
- Diarrhea

Persons with other conditions may, of course, also need medical evaluation. If a potentially infectious condition is determined to be present, ill residents should be isolated from other shelter residents or placed in a special needs shelter (see Appendix B for further information). To reduce the potential for spread of disease through droplets between shelter residents, these individuals should, if possible, sleep head to toe (i.e., the first person sleeps with his/her head in one direction, the second person has his/her head on the other end of the adjacent cot, and so forth). Also, if possible, sleeping cots should be separated by 3 feet.

Appendix C contains a document from CDC entitled “Guidelines for the Management of Acute Diarrhea.”

Appendix D contains interim immunization recommendations from CDC for persons displaced by the hurricane. Questions on providing vaccines to these individuals should be directed to the Missouri Department of Health and Senior Services (DHSS) Immunization Program at 573/751-6439 or 800/392-0272 (24/7).

More information is available from the following websites:

Hurricane Recovery Efforts (DHSS) http://www.dhss.mo.gov/BT_Response/Recovery.html

Hurricanes: Health & Safety (CDC) http://www.bt.cdc.gov/disasters/hurricanes/index.asp

Coping with Disaster (Missouri Department of Mental Health)
http://www.dmh.missouri.gov/diroffice/disaster/DirectorsOfficeDisasterCopingFactSheets.htm

If you have questions, please contact the DHSS Department Situation Room (DSR) at 800/392-0272.

Initial Health Assessment Form

ID Number _____

Name _____ _____ _____
Last Name First Name M.I.

DOB _____ Race _____ Sex _____

Current medical conditions _____

_____

_____

Current signs/symptoms:

Cuts	____Yes	____ No	Vomiting	____Yes	____ No
Skin sores	____Yes	____ No	Diarrhea	____Yes	____ No
Skin rashes	____Yes	____ No	Yellow skin/eyes	____Yes	____ No
Fever	____Yes	____ No	Night sweats	____Yes	____ No
Pink eye	____Yes	____ No	Unexplained weight loss	____Yes	____ No
Sore throat	____Yes	____ No	Vaginal or urethral discharge	____Yes	____ No
Cough	____Yes	____ No	Other signs/symptoms	____Yes	____ No
Shortness of breath	____Yes	____ No	If yes, explain:		
Chest pain	____Yes	____ No			

Prescribed medications _____

_____

_____

Does person have a current supply of their prescribed medications? ____Yes ____ No

If yes, how long will the current supply last? _____

Drug allergies ____Yes ____ No If yes, list: _____

If female: pregnant? ____Yes ____ No

Any additional items noticed by person doing assessment:

_____

_____

_____

_____

_____

Referred for additional medical evaluation/care? ____Yes ____ No

If yes, provider/facility: _____

_____

Phone: _____

Additional Notes:

_____

_____

_____

_____

_____

_____

_____

_____

Signature: _____

Title: _____

Date: _____

DISASTER SAFETY

Infection Control Prevention Guidance for Community Shelters Following Disasters

Community shelters provide housing for persons displaced from their homes following natural disasters such as hurricanes, floods, and earthquakes. In these settings, individuals share living space. Some individuals may have health problems, including acute or chronic infectious diseases. These recommendations provide basic infection control information that will help to prevent exposure to or transmission of infectious agents.

General Infection Prevention Techniques

Use of these infection prevention measures by all staff and shelter residents can reduce the spread of infections and infectious diseases.

- Wash your hands and those of children regularly. Alcohol gels are an adequate substitute when soap and clean water are not readily available.
- Maintain a clean living environment.
- Maintain good personal hygiene techniques including the following:
    - Cover your cough with tissues, disposing tissues in the trash, and performing hand hygiene
    - Follow good hygienic practices during food preparation
    - Do not share eating utensils or drinking containers
    - Do not share personal toilet articles such as combs, razors, toothbrushes, or towels with any one else
    - Dispose of razor blades and needles used for medications in containers designed for sharps disposal
    - Bathe on a regular basis
    - Wash clothing regularly

Hand Hygiene

After an emergency, it can be difficult to find running water. However, it is still important to wash your hands to avoid illness. It is best to wash your hands with soap and water but, when water isn't available, you can use alcohol-based products made for washing hands. Below are some tips for washing your hands with soap and water and with alcohol-based products.

When should you wash your hands?

1. Before preparing or eating food.
2. After going to the bathroom.
3. After changing a diaper or cleaning up a child who has gone to the bathroom.
4. Before and after tending to someone who is sick.
5. After handling uncooked foods, particularly raw meat, poultry, or fish.
6. After blowing your nose, coughing, or sneezing.
7. After handling an animal or animal waste.
8. After handling garbage.
9. Before and after treating a cut or wound.

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Techniques for Hand Washing with Alcohol-Based Products

When hands are visibly dirty, they should be washed with soap and water if available. However, if soap and water are not available, use an alcohol-based product for washing your hands. When using an alcohol-based handrub, apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry. Note that the volume needed to reduce the number of bacteria on hands varies by product. Alcohol-based handrubs significantly reduce the number of germs on skin and are fast acting.

Proper Techniques to Use When Washing your Hands with Soap and Water:

1. Place your hands together under water (warm water if possible).
2. Rub your hands together for at least 10 seconds (with soap if possible). Wash all surfaces thoroughly, including wrists, palms, backs of hands, fingers, and under the fingernails.
3. Clean the dirt from under your fingernails.
4. Rinse the soap from your hands.
5. Dry your hands completely with a clean disposable towel if possible (this helps remove the germs). However, if towels are not available it is acceptable to air dry your hands.
6. Pat your skin rather than rubbing to avoid chapping and cracking.
7. If you use a disposable towel, throw it in the trash.

Cleaning the Living Environment and Personal Items

Keeping items clean helps to reduce the spread of infections to residents and staff.

- Clean surfaces when visibly dirty and on a regular schedule:
  - Kitchens and bathrooms daily and as necessary
  - Living areas at least weekly and more often if necessary
  - Bed frames, mattresses and pillows between occupants
  - Other furniture weekly and as needed
  - Spills immediately
- Sanitize (i.e., reducing contamination to safer levels) surfaces that are most likely to be sources of germs:
  - Food preparation surfaces
  - Diaper changing surfaces
  - Body fluid spills (e.g., vomitus, blood, feces)
- Use the appropriate cleaning agents:
  - Detergents and water for surfaces, common household products are acceptable
  - Sanitize with a product that the label says is a sanitizer or mix 1 teaspoon of household bleach in 1 quart of water
- Provide facilities for washing clothing on a regular basis
  - Remove all bulk solids (e.g., stool) before laundering clothing
  - Low temperature water can be used for washing
  - Wash clothing in a washing machine, if possible
  - Use household detergents for washing clothing
  - Household bleach can be used in the rinse water
  - Dry clothes in a dryer, if possible
  - There is no need to disinfect the tubs of washers or tumblers of dryers if cycles a run until they are completed
  - Make sure donated clothing is washed before distribution

Animal Disposal Following an Emergency
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- Provide proper trash removal
    - Contact local authorities to determine local requirements for disposal of household and medical waste, such as needles and bandages
    - Use trash receptacles lined with plastic bags that can be securely tied
    - Remove trash bags and tie them securely before they are overfilled
    - Place trash in an area separated from the living spaces, preferably in trash bins
    - Have waste pick ups scheduled frequently, daily if possible

Staff Management of Sheltered Persons with Infectious Diseases

Persons living in group situations can spread infections such as colds and skin infections and other infections through diarrhea and vomiting. Upon arrival at a shelter, all residents should be screened for the following conditions:

- Fever
- Bad cough
- Skin rash
- Open sore(s)
- Vomiting
- Diarrhea

Persons with any of the above conditions should be referred for medical evaluation. If a potentially infectious condition is determined to be present, ill residents should be isolated from other shelter residents or placed in a special needs shelter (see below).

To reduce the potential for spread of droplets between shelter residents, staff should separate sleeping cots by 3 feet, if possible.

Additional Recommendations for Special-Needs Shelters

Special-needs shelters are defined as shelters that are capable of providing safe refuge to those individuals who require the supervision of a healthcare professional during the time of a disaster. The special-needs shelter is designed to care for:

- People with minor health or medical conditions that require professional observation, assessment, and maintenance and can not be handled by the general public shelter staff or exceed the capability of the general public shelter
- People with infectious health conditions who require precautions or isolation that can not be handled by general public shelter staff
- People with chronic conditions who require assistance with activities of daily living or more skilled nursing care but do not require hospitalization
- People who need medications or vital sign readings and are unable to receive such without professional assistance

Standard Precautions* should be applied to all residents to protect residents and staff from contact with infectious agents in recognized and unrecognized source of infection. Each resident should be screened at the time of entry to the special needs shelter to detect any conditions necessitating isolation and/or use of Transmission-Based Precautions. http://www.cdc.gov/ncidod/hip/ISOLAT/Isolat.htm Personal protective equipment (e.g., gloves, masks, and gowns) should be provided for healthcare personnel who staff the special-needs shelter. If possible, special-needs shelter staff should have access to healthcare personnel who are trained in infection control.

*Standard Precautions Summary

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Animal Disposal Following an Emergency
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During the care of any patient with symptoms of a respiratory infection, healthcare personnel should adhere to Standard Precautions:

- Wear gloves if hand contact with respiratory secretions or potentially contaminated surfaces is anticipated.
- Wear a gown if soiling of clothes with a patient's respiratory secretions is anticipated.
- Change gloves and gowns after each patient encounter and perform hand hygiene.
- Decontaminate hands before and after touching the patient, after touching the patient's environment, or after touching the patient's respiratory secretions, whether or not gloves are worn.
- When hands are visibly dirty or contaminated with respiratory secretions, wash hands with soap (either plain or antimicrobial) and water.
- If hands are not visibly dirty, use an alcohol-based hand rub for routinely decontaminating hands in clinical situations. Alternatively, wash hands with soap (either plain or antimicrobial) and water.

Related Links:

- Keep Food and Water Safe after a Natural Disaster or Power Outage (http://www.bt.cdc.gov/disasters/foodwater.asp)

- Cooking for Groups: A Volunteer's Guide to Food Safety (http://www.fsis.usda.gov/OA/pubs/cfg/cfg.htm#contents)

For more information, visit www.bt.cdc.gov/disasters,
or call CDC at 800-CDC-INFO (English and Spanish) or 888-232-6348 (TTY).

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FOR HEALTHCARE PROVIDERS: GUIDELINES FOR THE MANAGEMENT OF ACUTE DIARRHEA

Increased incidence of acute diarrhea may occur in post-disaster situations where access to electricity, clean water, and sanitary facilities are limited. In addition, usual hygiene practices may be disrupted and healthcare seeking behaviors may be altered. The following are general guidelines for healthcare providers for the evaluation and treatment of patients presenting with acute diarrhea in these situations. However, specific patient treatment should be determined based on the healthcare provider's clinical judgment. Any questions should be directed to the local health department.

CHILDREN

Indications for medical evaluation of infants and toddlers with acute diarrhea

- Young age (e.g., aged <6 months or weight <18 lbs.)
- Premature birth, history of chronic medical conditions or concurrent illness
- Fever ≥38 °C (100.4 °F) for infants aged <3 months or ≥39 °C (102.2 °F) for children aged 3—36 months
- Visible blood in stool
- High output diarrhea, including frequent and substantial volumes of stool
- Persistent vomiting
- Caregiver's report of signs consistent with dehydration (e.g., sunken eyes or decreased tears, dry mucous membranes, or decreased urine output)
- Change in mental status (e.g., irritability, apathy, or lethargy)
- Suboptimal response to oral rehydration therapy already administered or inability of the caregiver to administer oral rehydration therapy

Principles of appropriate treatment for INFANTS AND TODDLERS with diarrhea and dehydration

- Oral rehydration solutions (ORS) such as Pedialyte ® or Gastrolyte ® or similar commercially available solutions containing sodium, potassium and glucose should be used for rehydration whenever patient can drink the required volumes; otherwise appropriate intravenous fluids may be used.
- Oral rehydration should be taken by patient in small, frequent volumes (spoonfuls or small sips); see attached table for recommended volumes and time period.
- For rapid realimentation, an age-appropriate, unrestricted diet is recommended as soon as dehydration is corrected
- For breastfed infants, nursing should be continued
- Additional ORS or other rehydration solutions should be administered for ongoing losses through diarrhea
- No unnecessary laboratory tests or medications should be administered

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- The decision to treat with antimicrobial therapy should be made on a patient-by-patient basis, on clinical grounds, which may include
    - Fever
    - Bloody or mucoid stool
    - Suspicion of seps

OLDER CHILDREN AND ADULTS

Indications for medical evaluation of children > 3 years old and adults with acute diarrhea

- Elderly age
- History of chronic medical conditions or concurrent illness
- Fever ≥39 °C (102.2 °F)
- Visible blood in stool
- High output of diarrhea, including frequent and substantial volumes of stool
- Persistent vomiting
- Signs consistent with dehydration (e.g., sunken eyes or decreased tears, dry mucous membranes, orthostatic hypotension or decreased urine output)
- Change in mental status (e.g., irritability, apathy, or lethargy)
- Suboptimal response to oral rehydration therapy already administered or inability to administer oral rehydration therapy

Principles of appropriate treatment for ADULTS with diarrhea and dehydration

- Oral rehydration solutions (ORS) such as Pedialyte ® or Gastrolyte ® or similar commercially available solutions containing sodium, potassium and glucose should be used for rehydration whenever patient can drink the required volumes; otherwise appropriate intravenous fluids may be used.
- Oral rehydration should be taken by patient in small, frequent volumes (spoonfuls or small sips); see attached table for recommended volume and time period.
- For rapid realimentation, unrestricted diet is recommended as soon as dehydration is corrected
- Additional ORS or other rehydration solutions should be administered for ongoing losses through diarrhea
- No unnecessary laboratory tests or medications should be administered
- Antimotility agents such as Lomotil ® or Immodium ® should be considered only in patients who are NOT febrile or having bloody/mucoid diarrhea. Antimotility agents may reduce diarrheal output and cramps, but do not accelerate cure.
- The decision to treat with antimicrobial therapy should be made on a patient-by-patient basis, on clinical grounds, which may include

    - Fever
    - Bloody or mucoid stool
    - Suspicion of sepsis

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Treatment based on degree of dehydration

Degree of dehydration	Rehydration therapy	Replacement of ongoing losses	Nutrition
Minimal or none	Not applicable	<10 kg body wt.: 60-120 mL oral rehydration solution (ORS) for each diarrheal stool or vomiting episode >10 kg body weight: 120-240 mL ORS for each diarrheal stool or vomiting episode	Continue breast feeding or resume age-appropriate normal diet after initial rehydration, including adequate caloric intake for maintenance
Mild to moderate	ORS, 50-100 mL/kg body weight over 3-4 hours	Same	Same
Severe	Ringers lactate Lactated Ringers solution or normal saline * in 20 mL/kg body weight intravenous amounts until perfusion and mental status improve: then administer 100 mL/kg body weight ORS over 4 hours or 5% dextrose ½ normal saline intravenously at twice maintenance fluid rates	Same: if unable to drink, administer through nasogastric tube or administer 5% dextrose ¼ normal saline with 20 mEq/L potassium chloride intravenously	Same

* In severe dehydrating diarrhea, normal saline is less effective for treatment because it contains no bicarbonate or potassium. Use normal saline only if Ringers lactate solution is not available, and supplement with ORS as soon as the patient can drink. Plain glucose in water is ineffective and should not be used.

NOTE: Restrictive diets should be avoided during acute diarrheal episodes. Breastfed infants should continue to nurse ad libitum even during acute rehydration. Infant too weak to eat can be given breastmilk or formula through nasogastric tube. Lactose-containing formulas are usually well-tolerated. If lactose malabsorption appears clinically substantial, lactose-free formulas can be used. Complex carbohydrates, fresh fruits, lean meats, yogurt, and vegetables are all recommended. Carbonated drinks or commercial juices with a high concentration of simple carbohydrates should be avoided.

DISASTER SAFETY

Interim Immunization Recommendations for Individuals Displaced by Hurricane Katrina

The purpose of these recommendations is two-fold:

1. **To ensure that children, adolescents, and adults are protected against vaccine-preventable diseases in accordance with current recommendations.** Immunization records are unlikely to be available for a large number of displaced children and adults. It is important that immunizations are kept current if possible.
2. **To reduce the likelihood of outbreaks of vaccine-preventable diseases in large crowded group settings**. Although the possibility of an outbreak is low in a vaccinated U.S. population, it is possible that outbreaks of varicella, rubella, mumps, or measles could occur. Although measles and rubella are no longer endemic to the United States , introductions do occur, and crowded conditions would facilitate their spread. Hepatitis A incidence is low in the affected areas, but post-exposure prophylaxis in these settings would be logistically difficult and so vaccination is recommended. In addition, the influenza season will begin soon and influenza can spread easily under crowded conditions.

I. Recommended Immunizations

If immunization records are available:

Children and adults should be vaccinated according to the recommended child, adolescent, and adult immunization schedules.

See:

- Childhood and Adolescent Immunization Schedule. (www.cdc.gov/nip/recs/child-schedule.htm).
- Adult Immunization Schedule (www.cdc.gov/nip/recs/adult-schedule.htm) .

If immunization records are not available:

Children aged 10 years and younger should be treated as if they were up-to-date with rcommended immunizations and given any doses that are recommended for their current age. This includes the following vaccines:

- Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP)
- Inactivated Poliovirus vaccine (IPV)
- *Haemophilus influenzae* type b vaccine (Hib)
- Hepatitis B vaccine (HepB)
- Pneumococcal conjugate vaccine (PCV)
- Measles-mumps-rubella vaccine (MMR)
- Varicella vaccine unless reliable history of chickenpox

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- Influenza vaccine if in Tier 1.* This includes all children from 6-23 month and children up to age 10 with a high risk condition (MMWR 2005;54:749-750). See: www.cdc.gov/mmwr/preview/mmwrhtml/mm5434a4.htm
- Hepatitis A is not routinely recommended in all states; state immunization practice should be followed.

Children and adolescents (aged 11-18 years) should receive the following recommended immunizations:

- Adult formulation tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap)
- Meningococcal conjugate vaccine (MCV (ages 11-12 and 15 years only)
- Influenza vaccine if in Tier 1* (MMWR 2005;54:749-750)
  See: www.cdc.gov/mmwr/preview/mmwrhtml/mm5434a4.htm

Adults (aged >18 years) should receive the following recommended immunizations:

- Adult formulation tetanus and diphtheria toxoids (Td) if ≥10 years since receipt of any tetanus toxoid-containing vaccine
- Pneumococcal polysaccharide vaccine (PPV) for adults ≥ 65 years or with a high risk condition (MMWR 1997;46(No. RR-8):12-13), http://www.cdc.gov/mmwr/preview/mmwrhtml/00047135.htm
- Influenza vaccine if in Tier 1* (MMWR 2005;54:749-750). See: www.cdc.gov/mmwr/preview/mmwrhtml/mm5434a4.htm

School requirements

States affected by Hurricane Katrina had immunization requirements for school and daycare and it is likely that children enrolled prior to the disaster would be vaccinated appropriately. There is no recommendation to begin repeating vaccinations for children displaced by the disaster.

II. Crowded Group Settings

In addition to the vaccines given routinely as part of the child and adolescent schedules, the following vaccines should be given to displaced person living in crowded group settings:

- **Influenza** Everyone ≥ 6 months of age should receive influenza vaccine. Children 8 years old or younger should receive 2 doses, at least one month apart.
- **Varicella** Everyone >12 months of age should receive one dose of this vaccine unless they have a reliable history of chickenpox.
- **MMR** Everyone >12 months of age and born after 1957 should receive one dose of this vaccine.
- **Hepatitis A** Everyone ≥ 2 years of age should receive one dose of hepatitis A vaccine unless they have a clear history of hepatitis A.

Immunocompromised individuals, such as HIV-infected persons, pregnant women, and those on systemic steroids, should not receive the live viral vaccines, varicella and MMR. Screening should be performed by self-report.

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Documentation

It is critical that all vaccines administered be properly documented. Immunization records should be provided in accordance with the practice of the state in which the vaccine is administered. Immunization cards should be provided to individuals at the time of vaccination.

Standard immunization practices should be followed for delivery of all vaccines, including provision of Vaccine Information Statements.

Diarrheal diseases

Vaccination against typhoid and cholera are not recommended. Both diseases are extremely rare in the Gulf States, and there is no vaccine against cholera licensed for use in the United States .

Rabies

Rabies vaccine should only be used for post-exposure prophylaxis (e.g., after an animal bite or bat exposure) according to CDC guidelines.

***Influenza Tier 1** (MMWR 2005;54:749-750). See:
www.cdc.gov/mmwr/preview/mmwrhtml/mm5434a4.htm

Tier 1 recommendations include the following priority groups:

- Persons ages ≥ 65 years with comorbid conditions
- Residents of long-term care facilities
- Persons aged 2-64 years with comorbid conditions
- Persons ≥ 65 years without comorbid conditions
- Children aged 6-23 months
- Pregnant women
- Healthcare personnel who provide direct patient care
- Household contacts and out-of-home caregivers of children aged <6 months

For more information, visit www.bt.cdc.gov/disasters,
or call CDC at 800-CDC-INFO (English and Spanish) or 888-232-6348 (TTY).

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